

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

273

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME Mary Cissell

3. (b) If veteran, name war _____ 3. (c) Social Security
None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife William A. Cissell 6. (c) Age of husband or wife if
alive 75 years

7. Birth date of deceased Sept. 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 29 hr. min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Tom Brewster

13. Birthplace Unknown England
(City, town, or county) (State or foreign country)

14. Maiden name Mary McCabe

15. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address 720 Baden Ave.

17. (a) Burial (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JAN 10 1942 (b) J. J. Budock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5037 Page Blvd. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1942 hour 9:34 minute P. M.

21. I hereby certify that I attended the deceased from January 3, 1942 to January 9, 1942
that I last saw him alive on January 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with intrathoracic metastases (pleura, lung, etc.) Duration 2 yrs. +

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Radical left mastectomy in St. John's Hosp. 1 1/2 yrs. ago.

Of operations _____

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (Specify type of place)

23. Signature Frank D. Giddens (M. D. or other) _____

Address St. Louis City Hosp. Date signed 1-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.